Facility:	
Date:	
Surveyor:	

Plan of Correction Review Checklist Intermediate Care Facility/Individuals with Intellectual Disabilities

Directions: Score all items with yes (Y), no (N), or not applicable (N/A)

Item	Tag														
	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#
1. There is a Plan of Correction															
(POC) for all citied deficiencies.															
2. The POC describes what															
corrective action(s) will be															
accomplished for those															
individuals found to have been															
affected by the deficient															
practice.															
3. The POC describes how the															
facility will identify other															
individuals having the potential															
to be affected by the same															
deficient practice and what															
corrective action(s) will be															
taken.															
4. The POC describes what															
measures will be put in place or															
what systemic change will be															
made to ensure that the deficient															
practice does not recur.															

Citation: State Operations Manual, Appendix J

Provider Type: Intermediate Care Facility/Individuals with Intellectual Disabilities

Facility:	
Date:	
Surveyor:	

Plan of Correction Review Checklist Intermediate Care Facility/Individuals with Intellectual Disabilities

Item	Tag	Tag	Tag	Tag	Tag	Tag	Tag	Tag	Tag	Tag	Tag	Tag	Tag	Tag	Tag
	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#
5. The POC describes how the															
corrective action(s) will be															
monitored to ensure the															
deficient practice will not recur,															
i.e., what quality assurance															
program will be put into place.															
6. The POC includes dates															
when corrective action(s) will															
be completed (2-month rule).															
7. If a POC for a citation refers															
to another citation's POC, the															
referenced POC addresses the															
regulatory issues or problems															
identified in the basic															
deficiency statement.															
8. The first page is signed and	☐ Yes														
dated and includes the title of	□ No														
the person signing the POC.															

Facility:	
Date:	
Surveyor:	
Plan of Correction Review Checklist	
Intermediate Care Facility/Individuals with Intellectual Disabilities	
Comments (indicate the specific tag and item number to which the comment applies):	